

633 where most of this work was done, and the absence of suitably
 466 impervious flooring which would enable the chrome salts to be
 removed from floors, frequently caused workers able to afford only
 cloth shoes and without protective covering for the legs to develop
 bad ulceration of the limbs. Once a skin lesion occurs, the gen-
 erally insanitary conditions contribute to its aggravation. By 1935,
 as a result of insistence by the Industrial Division, no known plat-
 ing vat of the more than fifty shops engaged in this type of plating
 was without suitable exhaust to withdraw fumes, thus reducing the
 danger of pierced septa. Efforts were made also to insist that work-
 ers should wear rubber gloves and leg coverings.¹⁴ The polishing
 of metal articles with carborundum powder on cloth wheels in the
 plating shops constituted a further health hazard, because of the
 workers' inhaling and swallowing metal dust. The installation of
 an adequate exhaust to remove the dust at the point of origin was
 both expensive and physically difficult in the crowded conditions
 of many under-sized premises.

751 There are specific health hazards in industry such as those which
 466 have been mentioned—the use of chromium salts, the handling of
 633 lead in charging storage batteries, in typesetting and in printing
 744 shops, in the use of cellulose spray paint and so on. But the gen-
 eral insanitary conditions probably constituted a greater total
 health hazard for the whole body of workers, and the practice of
 giving food as a part of earnings was often responsible for wide-
 spread dietary deficiency diseases if the food lacked essential vita-
 mins. The nutrition problem in factories is discussed in a later
 chapter. The Division accordingly felt the necessity of organising
 services to ensure that there was regular concern with the general
 sanitary conditions on the part of those employed by the industrial
 enterprises themselves. The occasional inspection visit of a factory
 inspector was quite insufficient to secure regular consistent super-
 vision in such elementary matters as the provision and proper care
 of sanitary accommodation, the clearing away of accumulated
 rubbish, the daily cleaning of premises, or the washing of windows
 to permit the entrance of light to working places. Some factories,
 particularly the larger cotton mills, had for some time employed
 a doctor or a nurse or both. But these were seldom personnel of
 first class calibre, and they saw their task narrowly as being con-

¹⁴ See also Chapter IV, pp. 66 and 67.

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cerned with sick employees only rather than concomitantly in insisting on healthful conditions of work. These doctors and nurses were gathered into conferences by the Division and under its influence their concepts of their tasks widened. Their authority in the plants grew, backed by the interest and authority of the medical officer in the Division.

But there were many plants which could not afford the full-time services of a doctor and a nurse, and no measures of a health insurance nature made available a health service for the community. Facilities in outpatients' departments in hospitals were not sufficient in Shanghai to meet all the needs, and only in rare cases were they made use of for the dressing of wounds or for minor ills of industrial workers. Distances were too great; loss of wages in attending outpatients' clinics were deterrents to most workers. Yet many who continued to work were in need of help. Many women engaged in textile operations had large sores on the legs. Originally perhaps caused by the bite from an insect—bed bugs infest most houses—they had become infected, and the long standing at a spinning frame or at a loom aggravated the lesion and prevented healing. Where were women employed in the smaller textile plants to get attention? Where could the initial stages of beriberi be detected, and how could the management of a factory be warned to improve the diet of the workers?

The machinery which was evolved to give workers in smaller factories some clinical assistance, to arrange regular physical examination of workers and regular supervision of the sanitary conditions was the co-operative clinic. Three had been organised up to August 1942. Two were clinics with a fixed location, centrally placed in relation to some 25-30 factories employing 2500 to 3000 workers. There a doctor and nurses were in attendance and workers came for attention. The third was a mobile clinic; a nurse made the round every day of a group of related industries in a neighborhood. This clinic served six coal briquette factories, and so successfully that a seventh asked that the nurse's services be extended to that enterprise also.

The clinics were controlled and financed by the contributing member factories, with the Division's medical officer as adviser. The cost in August 1942 was CRB \$1.50¹⁵ per month per worker,

¹⁵ See Chapter IV, note 2.

751 with an entrance fee of CRB \$3 per worker. The members of the
 466 committees which met regularly to consider matters in connection
 633 with the clinics became by this very process more and more
 744 informed and interested in the health of their employees. Con-
 tributing factories, paying for service, wished to receive a return.
 They therefore welcomed the inspecting visits of nurses and
 doctors and generally complied with their suggestions.

Records of the incidence of sickness were kept by factories
 employing their own doctors and nurses and by the co-operative
 clinics. These records were regularly analysed by the Division. It
 was apparent that dietary deficiency diseases constituted the most
 frequent cause of illness among workers. Injuries to limbs were
 next on the list. Eye diseases including trachoma were frequent.

The co-operative clinic was also the centre from which manage-
 ments could be taught the principles of proper feeding for work-
 ers, and workers could be taught some of the elementary principles
 of health. In a severe cholera epidemic in the summer of 1942, in
 addition to arranging for the inoculation against cholera of all
 workers in contributing factories, one clinic gave 1,500 workers
 associated with it instructions as to the cause of cholera.

466 To a western observer a discussion of industrial conditions
 633 must surely refer to hours of work and rest days. While without
 legal authority it was possible to improve physical conditions of
 work, particularly in respect of safety and health issues, and to
 exercise influence upon the earnings of workers, compensation
 paid to them and so on, it was not possible to limit hours of work
 in the absence of a legal power to do so. In consequence, no prog-
 ress has been made in this important phase of conditions of work.
 It may seem strange, too, to read that no control was exercised
 over the commencing age of work of young people, seeing that as
 long ago as 1922, twenty years since, the Council had, in response
 to public demands, appointed its Child Labour Commission.

464 There are fewer children at work now than there were then. They
 633 are seldom met with in cotton textile mills which have of them-
 selves found that the work of children is not good enough. But
 the fact must be admitted that, in the absence of legal compulsions,
 except in a few instances where the influence of the Division has
 induced the elimination of children in certain industries, as a
 general practice child labour still exists.